

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

11656

State File No. _____

APR 15 1952

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3071 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Slater		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Slater	
d. FULL NAME OF HOSPITAL OR INSTITUTION none		d. STREET ADDRESS (If rural, give location) RMS 329 W. Porter	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Edna	b. (Middle) Myra	c. (Last) Cardwell	(Month) Apr.	(Day) 8	(Year) 1952

5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June-4-1874	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 10 Days 4	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Batesville, Va.	12. CITIZEN OF WHAT COUNTRY? U S
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13a. FATHER'S NAME W. I. Barksdale	13b. MOTHER'S MAIDEN NAME Nannia Hamilton	14. NAME OF HUSBAND OR WIFE J. E. Cardwell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mr. J. E. Cardwell	ADDRESS Slater--Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 wks. 12-17-51
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chs. myocarditis & failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential hypertension		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured Left hip			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 097 69030-20	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Slater Saline Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-17-51 6P. m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Slipped and fell in home
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22. I hereby certify that I attended the deceased from June 1840, to April 8, 1952, that I last saw the deceased alive on April 8, 1952, and that death occurred at 11:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE O. A. McBurney, M.D.	23b. ADDRESS Slater, Mo.	23c. DATE SIGNED 4-9-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial-4/10/52	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Slater, Mo.
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DATE REC'D BY LOCAL REG. 4/10/52	REGISTRAR'S SIGNATURE Ms. Earl C. Metz	25. FUNERAL DIRECTOR'S SIGNATURE Hill Brothers	ADDRESS Slater, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

OCT 26 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

A. C. Hill

Licensed Embalmer No. _____

3090

P. O. Address _____

States Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.